Ethanol Dependence Syndrome (EDS) Scale

BRIEF DESCRIPTION	The EDS scale consists of 16 items that can be organized according to five content areas, each representing one of five major alcohol dependence syndrome elements: salience of drinking, impaired control over drinking, tolerance, withdrawal, withdrawal relief.
TARGET POPULATION	⊠ Adults
	☐ Adolescents (over 16 years)
	Groups for which this instrument might be especially helpful?
	Alcoholics, college students, and general population of drinkers
ADMINISTRATIVE ISSUES	Number of items: 16
	Number of subscales: 5
	Format(s): 🗵 Pencil-and-paper self-administered
	☐ Interview
	☐ Observation
	☐ Computer self-administered
	☐ Other
	Time required for administration: 2 minutes
	Administered by: Patient/respondent
	Training required for administration? \square yes \boxtimes no
SCORING	Time required to score/interpret: 1 minute
	Scored by: Health professional, research assistant, clerical worker
	Scoring key? \square yes \boxtimes no
	Computerized scoring or interpretation available? \square yes \boxtimes no
	Norms available? ☐ yes ⊠ no
	Instrument normed on subgroups? \square yes \boxtimes no

PSYCHOMETRICS	Have reliability studies been done? ⊠ yes □no
	What measure(s) of reliability was used?
	⊠ Test-retest
	☐ Split half
	Have validity studies been done? \boxtimes yes \square no
	What measures of validity have been derived?
	Content
	⊠ Criterion (predictive, concurrent, "postdictive")
	⊠ Construct
CLINICAL UTILITY OF INSTRUMENT	The EDS scale provides a reliable measure of dependence severity, but in the absence of published norms there is no basis for classifying respondents along an absolute continuum ranging from low to high. The scale can be used however, to monitor dependence symptoms over time in the same patient.
RESEARCH APPLICABILITY	The value of an alcohol dependence measure lies in its ability to evaluate change in dependence severity over time as a result of treatment. Such a measure also permits the testing of hypotheses derived from dependence theory, which predict that the greater the severity of dependence, the more rapid and severe the reinstatement of dependence following relapse to drinking.
SOURCE, COST AND COPYRIGHT ISSUES	Copyright: ⊠ yes □ no
	Cost: None
	Source: Thomas F. Babor, Ph.D., M.P.H.
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SOURCE REFERENCE	Babor, T.F. (1996). Reliability of the ethanol dependence syndrome scale. Psychology of Addictive Behaviors, 10(2), 97-103.

SUPPORTING REFERENCES

Del Boca, F.K. & Brown, J.M. (1996). Issues in the development of reliable measures in addictions research: Introduction to Project MATCH assessment strategies. *Psychology of Addictive Behaviors*, 10(2), 67-74.

Babor, T.F., Hofmann, M., Del Boca, F., Hesselbrock, V., Meyer, R., Dolinsky, Z. & Rounsaville, B. (1992). Types of alcoholics, I: Evidence of an empirically-derived typology based on indicators of vulnerability and severity. *Archives of General Psychiatry*, 49, 599-608.

Babor, T.F., Cooney, N.L. & Lauerman, R.J. (1987). The drug dependence syndrome concept as a psychological theory of relapse behavior: An empirical evaluation. *British Journal of Addiction, 82,* 393:405.

FOREIGN LANGUAGE VERSIONS AND HOW TO OBTAIN

French May be obtained by writing to the author.

KEY REFERENCE FOR FOREIGN LANGUAGE VERSIONS

Babor, T.F., Lauerman, R. & Cooney, N. (1987). In search of the alcohol dependence syndrome: A cross national study of its structure and validity. In: Paakkanen, P. & Sulkunen, P. *Cultural Studies on Drinking and Drinking Problems: Report on a Conference.* Reports from the Social Research Institute on Alcohol Studies, No. 176. Helsinki, Finland.